

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission	08/10/2022 08:57 (SGT)
Reported by	Driver
Date of Accident	07/10/2022 07:20 (SGT)
Exact Location of Accident	W Coast Hwy, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8228H
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97646385
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1580

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2419140

### DRIVER

Name of Driver	NEO SE
NRIC No	SXXXX310F
Date Of Birth	15/11/1949
Occupation	Outdoor

Date Of Driving Pass	14/06/1969
Driving experience	53 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97646385
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 708 CLEMENTI WEST STREET 2 #08-305
Address complement	-
Postcode	120708
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221007/2064

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML2594Y
Vehicle Manufacturer	Toyota
Vehicle Model	Vios

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD HIDAYAT BIN AMIRRUDIN
NRIC No	SXXXX488F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	NEO SE
Gender	Male
Phone No	(Phone) +65-97646385
Address	BLK 708 CLEMENTI WEST STREET 2 #08-305
Address Complement	-
Post Code	120708
Approximate Age Years Old	72
Injuries Sustained	NECK AND CHEST PAIN
Injured person in which vehicle?	SHA8228H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No



# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
5. Any false reporting may be referred to the Police for investigation
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that:  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Handwritten Signature]*

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO LATIFF



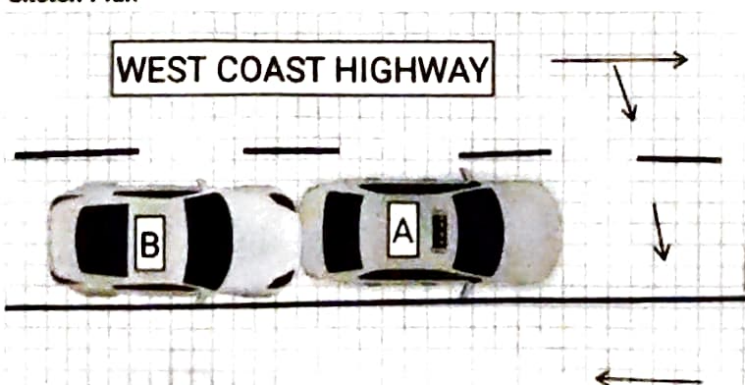
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

07/10/2022 1735hrs

Witnessed by Reporting Centre Personnel

## Sketch Plan



A - SHA8228H  
B - SML2594Y

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT

**Declaration**

I/We declare the foregoing particulars are true in every respect.

**FLASH ACCIDENT  
REPORTING OFFICER**

**FRO LATIFF**



Policyholder's Signature / Date &  
Time

Driver's Signature (if driver is not the policyholder) / Date  
& Time **07/10/2022 1735hrs**

Witnessed by Reporting Centre  
Personnel